Treatment Protocol: INHALATION INJURY **Ref. No. 1236**

Base Hospital Contact: Required for severe respiratory distress unresponsive or not amenable to CPAP.

1. Assess scene for safety

2. Use appropriate PPE

3. Remove patient from environment if potential for ongoing exposure

4. Assess airway and initiate basic and/or advanced airway maneuvers prn *(MCG 1302)*

5. If patient awake and alert, place in position of comfort

6. Administer **Oxygen** prn *(MCG 1302)*
   High flow Oxygen 15 L/min for all patients with smoke inhalation, carbon monoxide exposure, or severe respiratory distress due to airway injury, regardless of SpO_2 ❶

7. If patient has an Unmanageable Airway *(MCG 1302)*
   Initiate immediate transport to the MAR and **CONTACT BASE** en route

8. Assess for signs of trauma
   If traumatic injury suspected, treat in conjunction with *TP 1244, Traumatic Injury*

9. For airway burns, treat in conjunction with *TP 1220, Burns*

10. For suspected carbon monoxide exposure, treat in conjunction with *TP 1238, Carbon Monoxide Poisoning*

11. For suspected exposure to hazardous materials, treat in conjunction with *TP 1240, HAZMAT*

12. For airway edema and/or stridor:
    Epinephrine (1mg/mL solution) administer 5mg (5mL) via neb
    Repeat x1 in 10 min prn

13. For wheezing/bronchospasm (consider also for cough):
    Albuterol 5mg (6mL) via neb
    Repeat x2 prn, maximum total dose prior to Base contact 15mg

14. Initiate CPAP for patients with moderate or severe respiratory distress and SBP ≥ 90mmHg
    Hold CPAP for patients with suspected pneumothorax, upper airway edema/obstruction, or other contraindications *(MCG 1315)* ❷

15. Initiate cardiac monitoring prn *(MCG 1308)*

16. Perform 12-lead ECG if cardiac ischemia suspected *(MCG 1308)*

17. Establish vascular access prn *(MCG 1375)*

18. For poor perfusion:
    Normal Saline 1L IV rapid infusion
    Reassess after each 250mL increment for evidence of volume overload (pulmonary edema); stop infusion if pulmonary edema develops

    For persistent poor perfusion, treat in conjunction with *TP 1207, Shock/Hypotension*

SPECIAL CONSIDERATIONS

❶ Suspect smoke inhalation and carbon monoxide exposure in setting of closed-space fires, carbonaceous sputum in mouth/nose, elevated carbon monoxide levels (if point of care testing available), and facial burns. For patients with ALOC or seizure after industrial or closed space fire, also consider cyanide toxicity; contact Base and ensure notification of the receiving hospital.

❷ CPAP is appropriate for undifferentiated respiratory distress and may be used if patient does not improve after initial albuterol. Contraindications to CPAP include: ALOC with inability to follow commands or hold head up independently, active vomiting, facial trauma, or inability to protect airway.